

***“When the American spirit awakens, it transforms worlds.
But it does not awaken without a challenge.”
John Gardner, 1999***

“Don’t let one disaster lead to another” - such a simple yet powerful statement. While acknowledging a painful past, it urges the present to create a more positive future. As a society, we typically don’t grasp the impact of such a simple statement, but as a result of what began at 5:41 p.m. on May 22, 2011, it eventually became our organization’s mantra. That was when one of the deadliest EF-5 tornadoes in recorded history touched down and ripped through Joplin, Missouri (population 50,150), cutting a 7-mile path of destruction through the city. Thousands of structures were demolished, including St. John’s Regional Medical Center. As much as a third of the available housing stock was rendered uninhabitable (6,954 homes were destroyed), and an estimated 9,400 jobs were lost. Tragically, the tornado resulted in over 3,300 injuries and 162 deaths.

But people are resilient, and life goes on in Joplin...it’s just a different life now.

The purpose of this toolkit is to provide a foundation of knowledge for preparing for, and responding to, future major disasters. We hope it will help you better understand the unique prevention needs a community faces following a disaster and how to collaborate in the community to address those needs, thus reducing the risk of substance abuse and violence-related consequences. While treatment is a critical component to recovery after a disaster, this toolkit focuses only on prevention strategies.

Tackling the myriad of substance abuse and violence issues that can occur after a disaster is indeed a challenge – issues that may seem so overwhelming that you don’t know how or where to start or feel incapable of mounting an effective campaign. Or, you may be hoping to decrease the impact of these issues if your community has experienced a disaster. In either case, you are to be commended. The first step is recognizing that all communities are at risk of experiencing these issues after a disaster.

The problems resulting from a community disaster can cross all ethnic, financial, and social barriers. A disaster can cause problems in the suburbs, small communities, large cities, and rural America—every segment of society can be affected by a disaster and its aftermath. Our world cannot prevent every disaster from occurring; floods, tornadoes, hurricanes and other natural and man-made disasters will always occur. However, you have the power to make a difference in what happens in your community after a disaster.

Cities and leaders across the nation are making the building of safe and healthy communities a high priority. By focusing on policies and practices which include prevention, intervention, treatment and recovery, communities can become better prepared for the unique substance abuse and violence issues that arise after a disaster. Purposeful preparation and follow up will increase the number of youth and adults in your community who overcome the turmoil created by disaster, providing them an opportunity to reach their full potential in life.

This toolkit can help you prepare for a disaster as well as decrease the negative consequences caused if a disaster occurs in your community.



ABOUT US: COMMUNITY PARTNERSHIP OF THE OZARKS



COMMUNITY PARTNERSHIP

Working Together to Build Strong Communities

The mission of Community Partnership of the Ozarks is to facilitate and promote the building of resilient children, healthy families, and strong neighborhoods & communities through collaboration, programming, and resource development.

Based in Springfield, Missouri, Community Partnership of the Ozarks formed in 1991. In our 22 year history, we have grown to serve more than 99,000 people in 21 counties in 2013. Much of this work is accomplished through collaboration with community coalitions as well as more than 5,000 volunteers annually.

Community Partnership of the Ozarks' core outcomes center around the following criteria:

- Children, Families and Community Members Safe and Healthy
- Young Children Ready to Enter School and Succeeding in School
- Youth Ready to Enter Productive Adulthood
- Parents Working
- Strong and Thriving Neighborhoods

Learn more about Community Partnership of the Ozarks
www.commpartnership.org

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CPOzarks



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ACKNOWLEDGEMENTS

We thank the Iowa Department of Public Health for allowing us to modify a statewide campaign message similar to this which they implemented following significant weather disasters in Iowa.

Our sincere gratitude goes out to more than 60 partner agencies and organizations that helped us plan and implement the "Don't Let One Disaster Lead to Another" prevention campaign in Joplin following the 2011 tornado. Without their spirit of collaboration and support, the campaign would not have produced the successful outcomes it achieved. We also give special thanks the following key partners who helped make the campaign possible:

1. Missouri Department of Mental Health, Division of Behavioral Health
2. SAMHSA
3. FEMA
4. Ozark Center
5. City of Joplin
6. Lafayette House
7. Joplin Area Coalition
8. Preferred Family Healthcare
9. Joplin Long Term Recovery Committee
10. Alliance of Southwest Missouri

This toolkit is dedicated to those impacted by the tornado in Joplin, and to the resilience of the Joplin community.

Joplin, MO following the tornado



Counselor - Joplin Area

"This was a wonderful opportunity to help our families to tangibly experience the life-changing Developmental Assets. This parenting group...gave our families an opportunity to build assets together and see interactions that helped in counseling work that we are doing with families."

Prevention Coalition Leader - Southwest MO

"The *Don't Let One Disaster Lead to Another* campaign provides valuable prevention information and resources to not only coalitions working in Joplin, but also coalitions in communities that have not yet experienced such a devastating disaster. This toolkit will help our coalition integrate prevention into our community's emergency preparedness plan. This will also help us educate the community about the importance of prevention both before and after a disaster."

Vice President of Clinical Services - Ozark Center

"Citizens of Joplin are strong, resilient people with a significant work ethic and desire to help others but the pain and losses of the May 22, 2011 tornado are difficult to completely overcome. Like many disaster areas, we began to see increases in substance use and abuse, gambling, domestic violence, anger, irritability, and depression. One thing we learned as survivors of this disaster is that help is often closer than you think. Ozark Center will forever be grateful to Community Partnership of the Ozarks for the development of their extensive prevention plan for Joplin and their willingness to collaborate on best practice prevention models for our community. The billboards, ads and handouts along with classes and workshops have helped many people avoid 'letting one disaster lead to another.' The education alone has prevented what could be devastating outcomes for the families of Joplin."



Substance Abuse and Violence Following a Disaster

Post-Disaster Substance Abuse

According to the National Institute on Drug Abuse:

- Stressful events can profoundly influence the abuse of alcohol or other drugs. Stress is a major contributor to the initiation and continuation of alcohol or other drug abuse, as well as substance abuse relapse after periods of abstinence.
- Children exposed to severe stress may be more vulnerable to drug abuse. A number of clinical and epidemiological studies show a strong association between psychosocial stressors and an increased risk for depression, anxiety, impulse behavior, and substance abuse in adulthood.
- Studies have reported that individuals exposed to stress are more likely to abuse alcohol and other drugs or undergo relapse.
- Research shows that Posttraumatic Stress Disorder (PTSD) may develop in people after the experience a disaster. PTSD is a risk factor for substance abuse and addiction.

Disaster-related stress and trauma increase the likelihood of substance-related problems after a disaster. According to a study by Vlahov in 2004, the long-term increase of substance use after a disaster should be a public health concern.

After Hurricane Hugo, beer consumption rose 25%, and after the Oklahoma City bombing, alcohol consumption in the year of the bombing was 2.5 times greater than a control community.

After 9/11, use of anti-anxiety drugs like Lorazepam increased 19% in New York, 16% in DC, and 6.3% nationally.

In Joplin, alcohol use increased 80% after the 2011 tornado.

Increased alcohol and substance abuse can also increase problems like DWI, child abuse and neglect, work place absences, and domestic violence.

Studies show adolescents exposed to a disaster are at increased risk for anxiety, depression, thought problems, aggression, and substance abuse, among other issues.

Some people who are more vulnerable to substance abuse are at even greater risk of experiencing problems following a disaster. These people include youth and adults DIRECTLY impacted (loss of a loved one, damaged home, or displaced from home), youth in general as they are likely to have less coping abilities than adults with more life experience, persons in recovery, and persons with pre-existing mental health issues.

Post-Disaster Violence

According to the World Health Organization, there is evidence that severe child abuse may increase after a natural disaster. Inflicted traumatic brain injury (TBI) is one of the most severe forms of child abuse, often leading to hospitalization and even death. In the six month period after Hurricane Floyd hit North Carolina, the rate of inflicted TBI in children under age two showed a fivefold increase in counties severely affected by the hurricane, while there was no increase in counties less affected or not affected.



WHAT THE RESEARCH SHOWS

In Joplin, domestic violence increased 40%, and there were 6 confirmed rapes within 2 months of the tornado.

One study after a Midwestern flood indicated that, over a 9-month period following the disaster, 14% of women in the sample reported at least one act of physical aggression from their partners, 26% reported emotional abuse, 70% reported verbal abuse, and 86% reported partner anger.

Following the Mt. St. Helen's explosion, there was a 46% increase in domestic violence, and within 6 months of Hurricane Andrew, 22% of adult residents acknowledged having a new conflict with someone in their household.

Post-Disaster – Other Effects

The National Child Traumatic Stress Network

Common emotional reactions of children and family members exposed to a tornado include:

- Feelings of insecurity, anxiety, fear, anger, sadness, despair, and worries about the future
- Disruptive behaviors and agitation
- Clinging/dependent behaviors or avoidant and phobic symptoms
- Nightmares or sleep problems
- School-based problems, with decreased motivation and school performance
- Risky behavior
- Conflict with authority

In addition, parents have a tendency to neglect their own needs during a crisis.

As the community focuses on clean up and securing basic needs for its residents, the sense of neighborhood and community involvement may diminish. Community and family norms that help protect children from the risk of substance abuse are now less likely to be a focus for adults. Adults may also be engaged in risky behaviors in an attempt to gain a sense of control back in their lives.

Incidents of post traumatic stress disorder (PTSD), which increase the risk for substance abuse, often increase following a disaster.

Athealth.com

During a trauma, survivors often become overwhelmed with fear. Soon after, they may re-experience the trauma mentally and physically, and they tend to try to avoid reminders of the trauma.

Because traumatized people often feel like they are in danger even when they are not, they may be overly aggressive and lash out to protect themselves when there is no need.



Phase 1 – Preparedness

This phase includes all preparedness activities planned prior to a disaster that focus on lessening the effects of a disaster, as well as preparing for response and recovery efforts.

Phase 2 - Response

Immediately after a disaster, residents tend to live in a state of shock and can experience a myriad of emotions, including numbness, with many becoming very task-focused. During the response phase, the primary focus is on finding survivors and meeting basic needs, like food, water and shelter. This phase typically lasts one to three weeks after a disaster.

Phase 3 - Recovery

This phase typically starts 2 weeks post-disaster and may continue for several years. Early on, most people seem to be on the same page, working together to get basic needs met and searching for survivors. Usually within the first 6 months, as clean up begins and especially after the likelihood of finding survivors is slim or gone, people begin to focus more on coping. Some do this in healthy ways, others in less healthy ways like using alcohol or other drugs. This is often when violence-related issues begin to increase, as tensions run high and some people do not possess the skills to express their anger and hurt.

Usually between 6-12 months following the disaster, there is a period of positive focus when the community comes together to begin rebuilding, and even many people with less healthy coping behaviors may experience positive feelings towards the present or future. However, these feelings often are short-lived for those who haven't established healthy coping strategies. They may begin thinking something is wrong with them because other people who experienced the trauma don't appear to have the same problems. Often beginning a few months after the disaster, significant post-disaster mental health and other issues that have not been addressed begin surfacing, like post traumatic stress disorder (PTSD). This is also the time when significant "worker fatigue" begins to be identified among disaster workers. The fatigue and stress arising from exposure to disaster conditions, strenuous work hours, and compounded physical and environmental conditions can increase workers' risk for psychological and physical injury. (Resources about worker fatigue are included in this toolkit's "Resources" section.)

As the anniversary of the disaster nears, there tends to be significant community focus on the disaster. The general community focus continues to be on rebuilding and reshaping the community. During this time, it is common for increased stress to be experienced by many of those impacted by the disaster. Children may regress and people may have nightmares or have difficulty focusing on things outside the disaster. There is an increased risk for the onset or recurrence of PTSD experiences during this time, as well as relapses to negative coping behaviors such as substance abuse and social withdrawal. The risk for suicide also increases during the anniversary date period.

While the "first wave" of community coping problems (psychological and physical) occurs during the first year following the disaster, a "second wave" tends to impact the community starting 12-18 months following the disaster. In this wave, people who previously seemed unaffected by the disaster may begin to experience psychological distress. Their distress may be compounded as they are less likely to acknowledge the distress or seek outside help, as often the community is focused on "moving forward."



TIMELINE OF DISASTER TRAUMA MANAGEMENT

Phase 1 - Preparedness

Focus on developing a disaster preparedness plan as well as roles in the community for prevention during the response and recovery phases

Phase 2 - Response

Immediately after the disaster, focus on basic needs like food, water and shelter

Phase 3 - Recovery

2 weeks - 6 months

- Cleanup of community begins
- Development of coping mechanisms (positive and negative)
- Substance abuse and violence related issues begin to increase

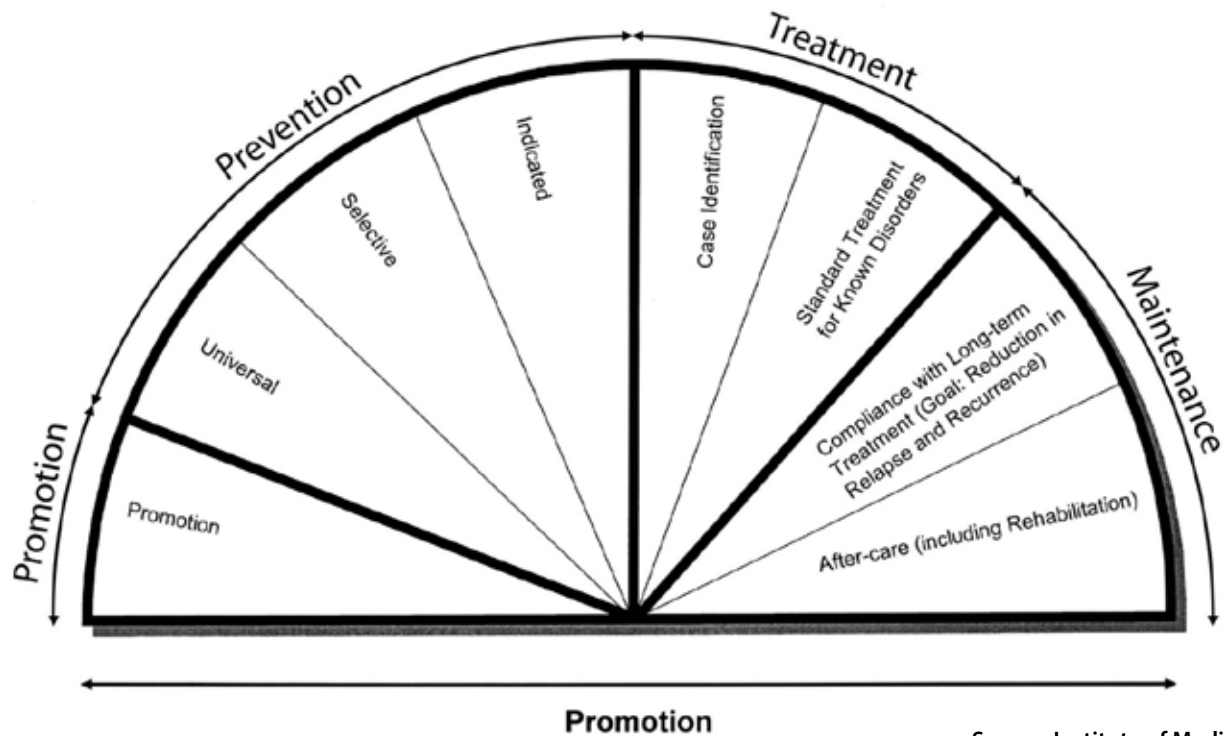
6 months - 12 months

- Positive feelings towards the present or future
- Struggle with feeling "normal"
- Worker fatigue
- Stress increases as anniversary approaches
- Relapse to negative coping behaviors

12 months & beyond

- Focus on rebuilding and reshaping
- Second wave of psychological distress

Before and After a Disaster



Source: Institute of Medicine

Before a disaster, the above well-accepted model prevails for traditional prevention/intervention/treatment disaster preparedness plans. Like with any negative issue, prevention is always the most effective strategy. For example, if you can prevent a child from abusing substances, the likelihood of that person developing a substance addiction as an adult is much lower and the greater the likelihood he or she will become a productive member of society.

The same is true with disaster planning and preparedness; the more a community can develop an effective plan before a disaster occurs, the less impactful the disaster may be in relation to post-disaster substance abuse and related problems.

However, following a disaster, the normal priorities change. During the response phase, prevention needs to take a back seat to survivor recovery and early intervention and treatment priorities. It will likely be important to shift from primary prevention strategies to providing targeted prevention strategies and relapse prevention services. Prevention can play a significant role at improving intervention and treatment successes early on, while simultaneously laying a strong foundation for future prevention efforts. These may reduce some of the more long-term substance abuse and mental health-related consequences that are often experienced in a community without prevention efforts integrated into its disaster recovery plan.

The Substance Abuse and Mental Health Service Administration's (SAMHSA) Strategic Prevention Framework (SPF) is a 5-step planning process to guide the selection, implementation, and evaluation of effective, culturally appropriate, and sustainable prevention activities. The effectiveness of this process begins with a clear understanding of community needs and depends on the involvement of community members in all stages of the planning process.

The idea behind SPF is to use the findings from public health research along with evidence-based prevention programs to help communities build the infrastructure necessary for effective and sustainable prevention. Focused on systems development, the SPF reflects a public health, or community-based, approach to delivering effective prevention. This in turn will promote resilience and decrease risk factors in individuals, families, and communities.



Links to more specific information on each SPF step are included in this toolkit's "Resources" section.



STRATEGIC PREVENTION FRAMEWORK (SPF) OVERVIEW

The SPF includes these five steps:

Step 1 – Assess Needs

During this step, communities assess population needs, including levels of substance abuse and related problems, available resources to support prevention efforts, and community readiness to address identified prevention problems or needs.

Step 2 – Build Capacity

During this step, the community takes a close look at the assessment data, identifies the gaps that lie therein, and develops an action plan to address those gaps. Key components of building capacity include improving awareness of substance abuse problems and readiness of stakeholders to address these problems, strengthening existing partnerships, identifying new opportunities for collaboration, improving organizational resources, and developing and preparing the prevention workforce.

Step 3 – Plan

During this step, the community develops its prevention plan. Planning will increase the effectiveness of prevention efforts by focusing resources, ensuring staff and other stakeholders are working toward the same goals, and providing the means for assessing and adjusting programmatic direction as needed. Effective planning establishes the organizational structure necessary to maintain program activities over time. It also greatly increases the likelihood that expected outcomes will be achieved by ensuring that the activities selected are the right ones for the community. Community level prevention planning typically includes prioritizing risk and protective factors associated with the problems identified from the needs assessment, selecting evidence-based prevention strategies, developing a community-level logic model and developing a comprehensive, logical and data-driven plan.

Step 4 – Implement

During this step, the community implements the prevention plan it has developed. It is best to include an action plan that explains exactly how the programs or practices will be implemented with fidelity.

Step 5 – Evaluate

During this step, the community collects and analyzes information about program activities, characteristics, and outcomes to reduce uncertainty, improve effectiveness, and make decisions. It is important to communicate results with stakeholders and to develop a plan for disseminating evaluation findings.

These steps are guided by the principles of **cultural competence** and **sustainability**. Cultural competence is the ability to interact effectively with people of different cultures, ensuring the needs of all community members are identified and addressed. Sustainability includes gaining community support to continue prevention programming beyond the initial funding period.



IMPLEMENTING SPF AFTER A DISASTER

While the SPF steps are the same both pre- and post-disaster, adjustments are often necessary with each step after a disaster. Here are a few adaptations to the SPF process that communities have made post-disaster:

Step 1 – Assess Needs

Before a disaster, a community may take several weeks or months to conduct a comprehensive needs assessment. However, if substance abuse and related problems have not already been assessed prior to a disaster, an initial comprehensive assessment may not be feasible in the short-term. Following a disaster, prevention works almost like a military MASH unit – doing the job needed with “no frills” and “just the basics.” An initial community needs assessment may be completed by interviewing key service providers and from learning from communities that have previously experienced a disaster, as the research shows similar substance abuse and related problems occur across communities impacted by a disaster.

Step 2 – Build Capacity

While traditional capacity building through SPF focuses on first building relationships, this may not be feasible early on following a disaster. Ideally, pre-disaster relationships exist between preventionists and community stakeholders. However, if they do not, it may be necessary to be more task-focused versus relationship-focused in building capacity. As those prevention tasks evolve into a plan that is implemented, and as time elapses with effective prevention efforts consistently integrated into the community’s recovery plan, the relationships will usually develop.

Prevention capacity building after a disaster should begin as soon as searching for survivors’ concludes, but ideally starting no more than a month following the disaster. An essential requirement early in post-disaster capacity building that will lead to enhanced relationships is to ensure follow through with whatever prevention support is offered and to identify what community help is needed to implement the prevention plan.

Step 3 – Plan

When it is time to begin planning post-disaster prevention efforts in the community, key partners and collaborations should already be identified to lead much of the community planning efforts. There also may be a significant amount of planning meetings already occurring. To reduce duplication, it may be best to integrate new prevention efforts with current planning initiatives. This will maximize limited resources and reduce the need for stressed stakeholders to attend yet one more meeting or series of meetings. This is especially important if you don’t already have strong relationships built with those stakeholders in the community.

Step 4 – Implement

Early during post-disaster prevention implementation, it is important to have assertive prevention staff or leaders who can focus on identifying reasonable tasks for key stakeholders/partners and who also have great relationship building skills. They must be flexible and sensitive to community issues and able to navigate the political scene with key partners while maintaining focus on the goals and objectives of the prevention plan. They must also be extremely organized, able to provide clear instructions and pre-event training, and able to implement evidence-based prevention programs and practices with fidelity, even if modifications need to be made. It is important to be sensitive to Compassion Fatigue with both volunteers and staff of partner organizations.

(continued)

Step 5 - Evaluate

Evaluation of post-disaster prevention efforts should be ongoing. Be prepared to be sensitive to limited community resources and willingness to assist with evaluation as the community continues to recover. It is important to identify early on what evaluation measures are **critical** for prevention efforts and to create an evaluation plan around only those key needs. While systematic scientific evaluation may be limited post-disaster, anecdotal information may be plentiful and should not be discounted as part of the evaluation process.

Joplin, MO following the tornado





PREVENTION AFTER A DISASTER: LESSONS LEARNED FROM JOPLIN

Assess Needs

- People generally don't think about the substance abuse and domestic/family violence issues that emerge following a major disaster. This experience made it clear that prevention professionals and organizations need to become involved in their local disaster preparedness efforts.
- It is important for prevention organizations to get involved very early in the disaster recovery process.

Build Capacity

- Prevention activities in most communities include post-disaster food donations by restaurant partners. However, following the Joplin tornado, those businesses that were not directly damaged by the tornado were inundated with requests to donate food during response and recovery efforts. Thus the demand for donations could not be met. However, part of the prevention strategies implemented included modeling time together with families around meal time. Many grants applicable to prevention efforts during disaster recovery do not allow for the purchase of food for prevention activities.
- If your organization is not based in the community where the prevention efforts will be implemented, it is critical to find local respected champions as partners early on, BEFORE trying to convene a community meeting or recruit additional partners you don't already have a relationship with. It is recommended that you develop relationships with the community mental health agency, domestic violence shelter, substance abuse prevention organizations, and other local mental health and recovery agencies before a disaster strikes, or as quickly as possible thereafter.
- It is important for prevention organizations to build relationships in their communities so that prevention is seen as an important part of disaster preparedness and recovery.

Plan

- The slogan "Don't Let One Disaster Lead to Another" resonated well with the community and was well received.
- It is critically important that suicide prevention be a part of a community's disaster preparedness and recovery plan.
- It is important that trauma awareness be promoted in medical, nursing and other professional education.
- Psychological first aid for emergency and disaster response workers involved with disaster response and recovery is critical.

Implement

- Parenting programs were extremely well accepted and attended. Parents and caregivers were coping with a great deal of stress during the recovery process and assistance in helping them identify how to support their children was seen as a help to lessen that stress significantly.
- The most effective method for getting prevention awareness messages out was using simple messages and repeating them many times in many ways.
- In disaster recovery prevention efforts following a major disaster, the ability to provide some transportation and food at prevention activities is critically important. Participants may have lost their own personal transportation, making attending the event difficult. The availability of a small meal or snack for participants also helps reduce stress and provide support during a difficult time!

(Continued)

Evaluate

→ DON'T LET ONE
DISASTER
← LEAD TO ANOTHER ←

PREVENTION AFTER A DISASTER: LESSONS LEARNED FROM JOPLIN

- Developing and implementing a comprehensive evaluation plan is critical for post-disaster prevention efforts. Traditional prevention strategies may need to be modified to meet the needs of the community after a disaster. An effective evaluation plan can help identify if and when those modifications will be needed. This can help direct limited prevention resources in the most effective way. This can also help bring additional resources for program sustainability, as most funders require effective evaluation methods.

Sustainability

- The prevention needs that arise following a major disaster extend well beyond the typically one year grant period, so it is important that sustainability of effective programs, practices and outcomes be considered from day one.

Cultural Competence

- It is important to think about the language used in communicating with disaster survivors. In the case of Joplin, the word “tornado” seemed to conjure up very negative reactions in survivors as time passed. Words like “storm” or “event” seemed to have less negative connotations.

Joplin, MO following the tornado





PREVENTION CAMPAIGN: "Don't Let One Disaster Lead to Another"

Community Partnership of the Ozarks (Community Partnership) is a non-profit organization based in Springfield, Missouri. Community Partnership is one of 11 Regional Support Centers (RSC) that contracts with the Missouri Department of Mental Health, Division of Behavioral Health (DBH) to provide technical assistance, training and support to communities in Missouri interested in decreasing their substance abuse and related violence problems. Community Partnership serves a 21-county area across Southwest Missouri. Within that service area is Joplin, Missouri. Shortly after the tornado devastated Joplin in May 2011, Community Partnership collaborated with DBH to develop and implement a comprehensive prevention campaign as part of a one year federal Emergency Response Grant with DBH and Ozark Center, the DBH-funded mental health treatment provider in Joplin.

The "Don't Let One Disaster Lead to Another" prevention campaign was comprised of three phases, including a media campaign, parenting and awareness programs, and a Developmental Asset campaign. Each phase is described in more detail below.

Phase 1 – Media Campaign

The media campaign was divided into three tracks designed to increase community awareness about increased risks of substance abuse and violence following the disaster and aimed particularly towards persons at higher risk, such as displaced residents and teens. Track One targeted adults with adult-focused substance abuse and domestic violence-related messages. Community Partnership developed print (including newspaper ads, billboards, handouts and posters), radio and television ads that included consistent messages of "Don't let one disaster lead to another" and "Know the signs. Know the number." These messages focused on connecting the community to local resources and included the phone number for either Ozark Center (substance abuse issues) or Lafayette House, the local domestic violence shelter (domestic violence issues). Track One was implemented for one year.

Community Partnership began implementing Track Two in the fourth month of this campaign. This Track targeted youth and adults with messages about issues teens may be experiencing and resources to help them. The two main areas of focus in the messages were teen substance abuse and unhealthy relationships, including dating violence and bullying. The same media formats were utilized in Tracks One and Two. The messages included the phone number for Lafayette House and Preferred Family Healthcare, the local youth substance abuse treatment agency. Track Two was implemented for nine months.

Track Three began in the 5th month of this campaign and emphasized opportunities to focus on pro-social activities and hope for the future by introducing the Developmental Assets model to the community. More information about that model is included in the Phase 3 portion of this prevention campaign overview.

Key Highlights from Phase 1 – Media Campaign

43,700 people were served through:

- 18 billboards displayed over 7 months
- 42 newspaper ads placed over 7 months
- 530 radio ads aired over 13 months
- 836 television ads aired over 6 months
- 22,087 handouts and posters distributed over 15 months

Ozark Center, Lafayette House, and Preferred Family Healthcare reported an increase in calls for service to their agencies following implementation of the media campaign. Many new clients seeking assistance referred to the media campaign when asked how they became aware of those agencies.



More examples of Track One media campaign materials can be found in the Disc Contents section of this toolkit.

Phase 2 – Parenting and Awareness Programs

With 30% of Joplin housing stock damaged or destroyed by the tornado, housing became a critical need. FEMA established a mobile housing area that served 586 families at its peak; families that had lost their homes and many who had also lost family members and loved ones among the 162 killed by the tornado and its aftermath. While the media campaign focused on reaching the general community to increase awareness of substance abuse and violence information and local resources available, Community Partnership quickly identified the need for more targeted prevention efforts for families displaced by the tornado and others who were at greater risk for substance abuse and violence problems.

To help maintain healthy family management practices and connect at-risk families to additional resources, two evidence-based parenting programs were implemented during Phase Two. Three rounds of the Guiding Good Choices (GGC) program were provided to parents of youth ages 9-14. GGC educates parents about the dangers of teen substance abuse and how to establish good communication skills and family management practices. Additionally, two rounds of Child Parent Relationship Training (CPRT, also called Filial Therapy) were provided to parents of elementary-age youth. This program teaches parents skills that play therapists use to help children experiencing social, emotional, or behavioral problems. It teaches parents how to help their child develop self-control, how to effectively discipline and limit inappropriate behavior, how to better understand their child's emotional needs, and how to communicate more effectively with their child.

→ DON'T LET ONE
DISASTER
← LEAD TO ANOTHER ←

PREVENTION CAMPAIGN

In addition to the parenting programs implemented by Community Partnership, Ozark Center implemented a substantial suicide awareness campaign that included training youth in the Signs Of Suicide (SOS) program and adults in the Question Persuade and Refer (QPR) program.

Key Highlights from Phase 2 – Parenting and Awareness Programs

- Post survey results indicated 100% of parents participating in the GGC program agreed that parents can reduce the chance that their children will begin using drugs, 75% agreed there are times when it is important to control your anger and not express it right away, and 88% agreed it was important for family members to practice anger management skills together
- Pre-post survey results indicated 60% of parents participating in the CPRT program reported a positive increase in at least one of the targeted outcome areas
- 4,049 youth trained in the SOS program
- 1,799 adults trained in the QPR program, including almost 700 Joplin R-VIII School staff



More examples of Phase Two media campaign materials can be found in the Disc Contents section of this toolkit.



PREVENTION CAMPAIGN

Phase 3 – Developmental Assets Campaign

In 1990, Search Institute released a Framework of 40 Developmental Assets which identifies a set of skills, experiences, relationships, and behaviors that enable young people to develop into successful adults. Search Institute surveys of more than 4 million youth have consistently demonstrated that the more Developmental Assets young people acquire, the better their chances of succeeding in school and becoming happy, healthy, and contributing adults.

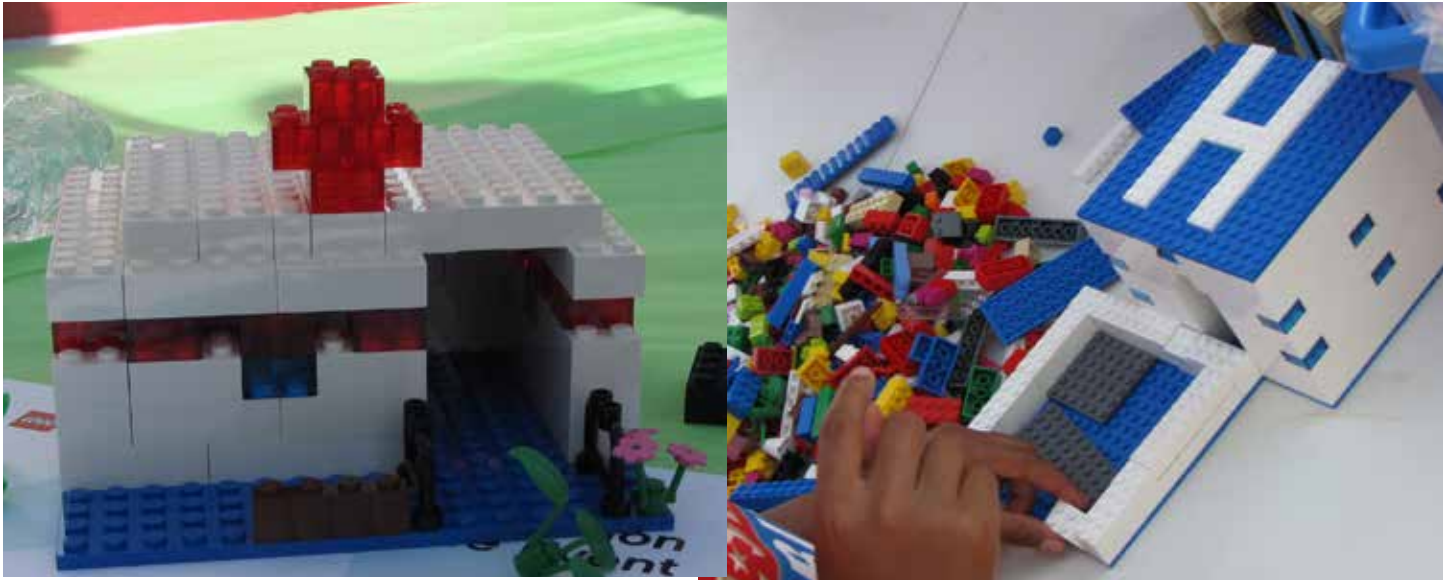
To empower people in the community to feel more positive and connected, a community-wide Developmental Assets campaign was implemented, including two Developmental Asset-focused conferences—one targeting the faith community and one targeting businesses and service providers. Two half-day conferences assisted 40 faith community leaders and 50 businesses and service providers in becoming familiar with Developmental Assets and how to integrate this model into their congregation, business, or agency.

In addition, Community Partnership provided in-service trainings to staff of the Missouri Division of Youth Services, volunteers of a local substance abuse and violence prevention coalition, and treatment staff from Ozark Center to assist them with incorporating this model into their Individual Treatment Planning process. Several healthy alternative activities incorporating the Developmental Assets model were also implemented, such as neighborhood block parties to assist with neighborhood and community attachment. Along with promoting asset building among youth, these events offered relief from the day-to-day grind of recovery and provided participants a sense of being valued by the community.

Community Partnership coordinated 14 neighborhood block parties and awareness events centered around this model. Print materials developed through the media campaign were distributed to participants at these events.

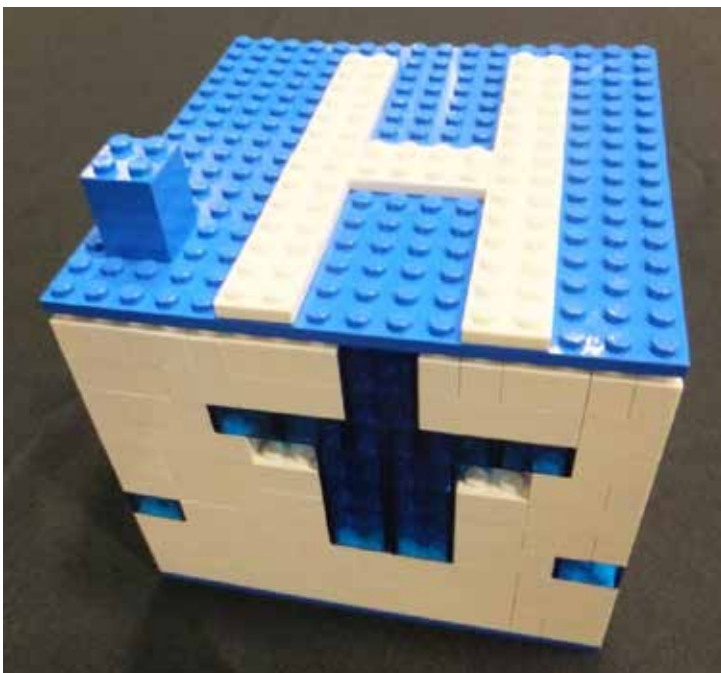
Key Highlights from Phase 3 – Developmental Assets Campaign

- 121 stakeholders were trained through two conferences and four in-service trainings
- 6,350 people were served at 14 neighborhood block events
- Coordinated the Children's Stop during the Walk of Unity to mark the one year anniversary of the tornado. Approximately 4,000 people were served through the activities and educational materials provided at this stop
- Coordinated children's activities for more than 1,000 youth and adults at the Third Thursday Art Walk in downtown Joplin. Through collaborative efforts, Lego displays were created by participating youth that were later used as centerpieces at the Governor's Brunch on the anniversary of the tornado
- 100% of post-survey respondents attending neighborhood block parties reported they were satisfied with the event and many also reported they would continue utilizing this model
- 89% of participants at Developmental Assets in-service trainings reported they would incorporate the model into their work at least 1-2 days a week



It's just a Lego hospital, right?

In May 2012, we had 50 Lego structures built by youth at one of the Developmental Assets Block Parties. These Lego structures were later used as centerpieces at the Governor's Brunch on the one year anniversary of the Joplin tornado.

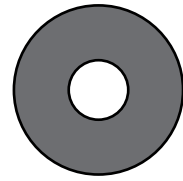


Through the Eyes of a Child: The Story of the Winner of the Youth Lego Building Contest.

It sometimes only takes a little support to help with the healing process as we quickly learned from a young boy who was inside St. John's Hospital when the tornado hit. After the tornado, his mother told us he had attempted to build a Lego model of the hospital several times but could never finish it because he always ran out of Legos. During this Block Party, the boy's vision finally came to life as he quickly completed his hospital, helping with the healing process for him and his family.



DISC CONTENTS



Developmental Assets

Campaign Planning Folder

This folder contains an educational in-service PowerPoint presentation designed to increase community knowledge of the Developmental Assets model and teach strategies to enrich the well-being of youth, as well as provide tools and strategies for the community to use in their homes.

Business Conference Folder

This folder includes a PowerPoint presentation for the business community designed to increase knowledge of the Developmental Assets model and teach strategies to enrich the well-being of youth, as well as provide tools and strategies for participants to take into their workplaces. Also included are other supporting documents used to help coordinate this conference.

Faith-Based Conference Folder

This folder includes a PowerPoint presentation for the faith-based community designed to increase knowledge of the Developmental Assets model and help teach strategies to enrich the well-being of youth, as well as provide tools and strategies to take into their congregations. Also included are other supporting documents used to help coordinate this conference.

Alternative Activities Block Party Folder

This folder includes information about the neighborhood block parties and related alternative activities implemented through this prevention campaign.

Media Campaign Contents

Track One Materials - Adult Campaign

These materials include templates for newspaper/magazine ads, billboards, handouts and posters relating to adult substance abuse and domestic violence post-disaster. Content examples can be found on the following pages. All items include an editable phone number and the option to insert new logos.

Track Two Materials - Youth Campaign

These materials include templates for newspaper/magazine ads, billboards, handouts and posters relating to youth substance abuse, bullying and dating violence post-disaster. Content examples can be found on the following pages. All items include an editable phone number and the option to insert new logos.



DISASTER RESOURCES

About the Strategic Prevention Framework

<http://captus.samhsa.gov/access-resources/about-strategic-prevention-framework-spf>
<http://captus.samhsa.gov/prevention-practice/strategic-prevention-framework>

CDC Guidance for Managing Fatigue During Disaster Operations Technical Assistance Document

<http://www.cdc.gov/niosh/topics/oilspillresponse/pdfs/NRT-Fatigue-for-Emergency-Workers.pdf>

Developmental Assets

<http://www.search-institute.org/research/developmental-assets>

FEMA Ready Kids: Create a Kit, Make a Plan, Know the Facts, Graduate from Readiness U.

<http://www.ready.gov/kids/home.html>

Having Trouble Coping After a Disaster? There is Hope. Suicide Warning Signs card (Spanish)

<http://store.samhsa.gov/shin/content//SVP11-0126SP/SVP11-0126SP.pdf>

Managing Stress During Disaster Events: A Guide for Emergency & Disaster Response Workers

<http://content.samhsa.gov/ext/item?url=/samhsa/content/item/200606/200606.pdf>

National Center for PTSD: Disaster Fact Sheets

<http://www.ncptsd.va.gov/professional/pages/felist-natural-disasters-terrorism.asp>

National Child Traumatic Stress Network: Disaster, Abuse, and Self-Care Fact Sheets For Parents, Teachers, and Providers

<http://www.nctsn.org>

Psychological First Aid for First Responders: Tips for Emergency & Disaster Response Workers

<http://store.samhsa.gov/shin/content//NMH05-0210/NMH05-0210.pdf>

Psychological First Aid: Second Edition of Psychological First Aid Field Operations Guide and Accompanying Handouts

<http://www.nctsn.org/content/psychological-first-aid>

Psychosocial Issues for Children and Adolescents in Disasters

<http://store.samhsa.gov/shin/content//ADM86-1070R/ADM86-1070R.pdf>

Psychosocial Issues for Older Adults in Disaster

<http://store.samhsa.gov/shin/content/SMA11-DISASTER/SMA11-DISASTER-03.pdf>

Returning Home after Disaster Relief Work: a Post-Deployment Guide for Emergency and Disaster Response Workers

<http://store.samhsa.gov/shin/content//NMH05-0219/NMH05-0219.pdf>

Returning Home after Disaster Relief Work: a Post-Deployment Guide for Families of Emergency and



DISASTER RESOURCES

Disaster Response Workers

<http://store.samhsa.gov/shin/content//NMH05-0220/NMH05-0220.pdf>

Returning Home after Disaster Relief Work: a Post-Deployment Guide for Supervisors of Deployed Personnel https://www.osha.gov/SLTC/emergencypreparedness/resilience_resources/support_documents/supervisorhome/returninghome_brochure_supervisors.html

SAMHSA Disaster Technical Assistance Center: General Disaster Fact Sheets

<http://www.samhsa.gov/disaster>

SAMHSA Strategic Prevention Framework components

<http://www.samhsa.gov/prevention/spfcomponents.aspx>

Sesame Street's Let's Get Ready: Planning Together for Emergencies: Tips, Activities, and Other Easy Tools to Help the Whole Family Prepare for Emergencies – Together!

<http://www.sesamestreet.org/parents/topicsandactivities/toolkits/ready>

Tips for Managing and Preventing Stress: A Guide for Emergency Response and Public Safety Workers

<http://store.samhsa.gov/shin/content/KEN01-0098R2/KEN01-0098R2.pdf>

Tips for Survivors of a Traumatic Events: Managing Your Stress

http://www.samhsa.gov/MentalHealth/Tips_Survivors_Managing_Your_Stress.pdf

Tips for Talking to Children and Youth After Traumatic Events: A Guide for Parents and Educators

http://www.samhsa.gov/mentalhealth/tips_talking_to_children_after_disaster.pdf

Community Partnership of the Ozarks - Disaster Toolkit

www.commpartnership.org/disastertoolkit